



Reaching Home: Canada's Homelessness Strategy  
**APPLICATION FORM**

Reaching Home provides community organizations in Belleville an opportunity to broaden the scope of their collective efforts to end homelessness. Please download and save this file to your computer before entering information. Complete and email this application along with the requested documents to cheerakathila@hastingscounty.com or mail/drop them off to Hastings County Community & Human Services, 228 Church Street, Belleville, ON K8N 5E2.

**Submission Deadline:** May 15, 2024

Please note: It is the responsibility of the applicant to ensure that all information is correct and submitted by the deadline. Please contact cheerakathila@hastingscounty.com for technical support and/or questions.

**Organization Details**

<b>1.0 GENERAL BUSINESS INFORMATION</b>	
Organization Type: (Registered Charity/ Not-For-Profit/For-Profit)	
Legal Name:	
Address:	
City/Town:	
Province:	
Postal Code:	
Phone Number:	
Incorporation Number (Charter/Letters Patent):	
Incorporation Date:	
Business Number (Canada Revenue Agency):	
Preferred Language of Correspondence:	

<b>1.1 ORGANIZATION DETAILS</b>
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Main Mandate and Activities:	
How many employees does your organization currently have?	
Has your organization undergone any important transformations in the last two years? (Yes/No)	
If the answer is YES to the above, please provide a description of the changes.	

<b>1.2 LEGAL SIGNING OFFICERS</b>		
Number of signatures required to bind the organization into a legal agreement		
<b>No.</b>	<b>Name</b>	<b>Title</b>

<b>1.3 AMOUNTS OWING TO GOVERNMENT OF CANADA</b>		
Does the organization owe funds to the Government of Canada? (Yes/No)		
If the answer is YES, please specify.		
Amount Owing	Nature of the Amount Owing (tax/penalty/overpayment)	Government Department or Agency to which the amount is owing



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**Project Details**

<b>2.0 APPLICATION CONTACT (primary contact)</b>	
Given Name:	Surname:
Position Title:	
City/Town:	
Province:	
Postal Code:	
Phone Number:	
Email:	

<b>2.1 GENERAL PROJECT INFORMATION</b>
Project Title:
Project Duration (start date – end date):
Location of Project Activities:

<b>2.2 PROJECT FUNDING DETAILS</b>					
Please describe how your proposed project will be funded. Include all anticipated sources of funding, including that requested in this application.					
Source	Source Type	Cash (\$ Value)	In-Kind (\$ Value)	Confirmed	
				Cash	In-Kind

**IMPORTANT:**

- The Reaching Home Proposed Budget Form must be completed and submitted with the application form for your project to be considered.
- If your project includes Staffing expenses, you must include the Staff Summary Document.
- In completing this application, you acknowledge that Hastings County may consult with other funders in the review of this application and may require additional information including a list



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of current Board members, annual reports, confirmation of other sources of funding and confirmation of any partnerships identified in the application above.

<b>2.3 FINANCIAL PROJECT CONTACT</b>
Name:
Title:
Telephone No.:
Email:

<b>2.4 PROJECT DESCRIPTION</b>
Please provide a brief description of your proposed project.

<b>2.5 TARGET POPULATION</b>
Please provide information on the client groups served as part of your project. Only check those most relevant to your project. Reaching Home emphasizes measurable outcomes, and your project will be evaluated in terms of service to each population you identify below (answer Yes/No against each group).
<b>Target Homeless Populations</b>
Unsheltered Individuals



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Emergency Sheltered Individuals	
Provisionally Accommodated Individuals	
Individuals at Imminent Risk of Homelessness	
<b>Gender</b>	
Male	
Female	
Gender Diverse	
<b>Age</b>	
General Population	
Children (0-11)	
Youth (12-24)	
Adult (25-64)	
Seniors (65+)	
<b>Populations of Interest</b>	
Indigenous People	
Refugees	
Immigrants	
Racialized People/Visible Minorities	
Veterans	
Youth Exiting Child Welfare System	
People Exiting a Medical Facility/Service	
People Exiting a Correction Facility	
<b>Special Considerations</b>	
Pregnant Women	
Victims of Domestic Violence	
People with Addictions	
People Living with Physical Needs or Disabilities	
People Living with Chronic Illnesses	
People Living with Developmental Disabilities	
People Living with Mental Health Issues	
People Living with HIV/AIDS or other diseases	
People Who Identify as 2SLGBTQI+ Lone-Parent Families	
Two-Parent Families	

<b>2.6 PROJECT OUTCOMES AND DELIVERABLES</b>
Please describe your proposed project's expected results and deliverables. Must be specific, concrete and measurable.



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<b>2.7 PROJECT ACTIVITIES AND TIMELINES</b>	
The following areas of activity are eligible for funding under the Reaching Home grant. Please indicate the activities applicable to your proposed project and your expected timelines (Yes/No)	
<b>Housing Services</b>	
Housing Services	
Emergency Housing Funding	
Housing Set-Up	
<b>Prevention and Shelter Diversion</b>	
Prevention and Diversion Services	
<b>Client Support Services</b>	
Economic Integration Services	
Social and Community Integration Services	
Clinical and Treatment Services	
Basic Needs Services	
<b>Capital Investments</b>	
Capital Investments	

<b>2.8 PROJECT NEED AND RATIONALE</b>
Explain how the need for this project was determined and how it addresses an identified gap for those experiencing or at risk of homelessness.



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<b>2.9 EVALUATION STRATEGY</b>
Describe how you will track and report on the progress and performance of your project. Please include specific, concrete, measurable targets and indicators that directly tie to the activities you described above.

<b>2.10 PROJECT COLLABORATIONS/PARTNERSHIPS</b>	
Will any other organizations, networks or partners be involved in carrying out the project? (Yes/No)	
If the answer is YES, please identify the role(s) and expertise each partner will bring to the project, including your own. In addition, include a contribution letter from each organization confirming their role in the project (see APPLICATION GUIDE for details).	
<b>Partner Organization</b>	<b>Role/Expertise</b>





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**2.11 COORDINATED ACCESS**

Reaching Home requires that a system of coordinated access for the homelessness servicing sector be in place.

Describe how your agency currently participates in Coordinated Access.

Explain your organization's experience with the Coordinated Access System. If your organization is currently not involved with the Coordinated Access System, explain your future intentions and what resources will be allocated towards this.

Briefly describe how this project contributes to the Coordinated Access System.

DISCLAIMER:



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If funded, you will be required to participate in the Coordinated Access System. This may include (but is not limited to):

- Filling vacancies through the By-Name List process.
- Completing standardized assessments of clients and adding/updating their information in the HIFIS database.
- Receive and give referrals to other services.
- Participate in CAB meetings to improve the Coordinated Access System.

I agree to the above (Yes/No):

**3.0 SUSTAINABILITY PLAN OR EXIT STRATEGY**

Outline your project's sustainability plan or exit strategy. See 2.13 of the APPLICATION GUIDE for further information. Applicants seeking funding for Capital Projects must complete the Sustainability Checklist provided to ensure the sustainability plan addresses all the key elements of sustainability. Where possible, communities are encouraged to ensure that Reaching Home is not the sole funder in capital projects.



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<b>4.0 DECLARATION AND SIGNATURES</b>
This application form must be signed by as many persons as indicated in Section 1.3, as prescribed by the organization's statutes or by-laws.
<ul style="list-style-type: none"> <li>• I declare I am legally authorized to sign and submit this application on behalf of the organization named on Page 1.</li> <li>• I declare that the information provided in this application and supporting documentation is true, accurate and complete to the best of my knowledge.</li> <li>• I declare that the organization is actively incorporated and will be for the duration of this project.</li> <li>• I understand that if the information described above is false or misleading, I or the organization may be required to repay some, or all of the funding received.</li> <li>• I declare that the organization and any person lobbying on its behalf is in compliance with the Lobbying Act, R.S.C., 1985, c.144 (4<sup>th</sup> supp.), and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding.</li> </ul>

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<b>Name of Signatory</b>	<b>Position</b>	<b>Signature</b>	<b>Date (MM/DD/YYYY)</b>
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**ADDITIONAL INFORMATION**

Use this section for any additional information. Please reference the question numbers (if applicable) that you are addressing in this section.

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